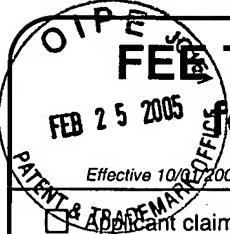
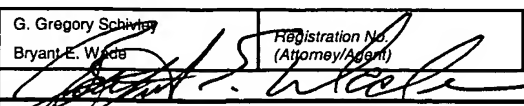


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="text-align: center;">  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3> <p style="font-size: small;">Effective 10/01/2004. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Complete if Known</th> </tr> <tr> <td style="width: 50%;">Application Number</td> <td>10/072,658</td> </tr> <tr> <td>Filing Date</td> <td>2/7/2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Tomoyuki FURUHATA</td> </tr> <tr> <td>Examiner Name</td> <td>Marcos D. Pizarro-Crespo</td> </tr> <tr> <td>Art Unit</td> <td>2814</td> </tr> <tr> <td>Attorney Docket No.</td> <td>9319S-000328</td> </tr> </table>	Complete if Known		Application Number	10/072,658	Filing Date	2/7/2002	First Named Inventor	Tomoyuki FURUHATA	Examiner Name	Marcos D. Pizarro-Crespo	Art Unit	2814	Attorney Docket No.	9319S-000328
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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-3213 Deposit Account Name: Epson R & D The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	G. Gregory Schivley Bryant E. Wade	Registration No. (Attorney/Agent)	27,382 40,344
Signature		Telephone	(248) 641-1600
		Date	February 25, 2005

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